

Control and Prevention of Tuberculosis

Thailand Country Narrative Family Health International (FHI 360)

**FY2014 Semi-Annual Performance Report
(October 1, 2013 – March 31, 2014)**



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Acronyms

BTB	Bureau of Tuberculosis (Thailand)
CAP-TB	Control and Prevention of Tuberculosis (Greater Mekong Sub-region Multidrug Resistant Tuberculosis Prevention and Management Project)
DOT	Directly Observed Therapy
FHI 360	Family Health International
FY	Fiscal year
IA	Implementing Agency
IR	Intermediate Result
MDR-TB	Multidrug resistant tuberculosis
NCCM	National Catholic Commission on Migration
NTP	National TB Control Program
PHO	Provincial Health Office
SHPH	Sub-district Health Promotion Hospital
TA	Technical assistance
TB	Tuberculosis
USAID	United States Agency for International Development
VHV	Village Health Volunteer

Narrative I: Executive Summary

FY14 has been an important year for CAP-TB Thailand as the project has sharpened its focus to developing technical capacity of the Rayong TB multi-disciplinary team and network to increase expertise in MDR-TB management. The three CAP-TB coordinators at Rayong Provincial Health Office (PHO) and Rayong Hospital played a significant role in conducting the monthly project meetings and case conference, laying the groundwork for honing their roles and responsibilities to integrate into the TB system sustainably.

At the national level, CAP-TB Project continues support and collaboration with the Bureau of Tuberculosis (BTB) to strengthen decentralization of MDR-TB expertise in the country, specifically through the implementation of an online helpdesk which will enable the BTB to track clinical questions received from physicians from all over the country in a systematic manner.

The first six months of FY14 also focused on facilitating completion of the sub-agreement for CAP-TB implementing agency, National Catholic Commission on Migration (NCCM). The project supported NCCM in transferring TB and MDR-TB patients under NCCM's support over to the TB network (Rayong PHO, health care providers at provincial, district, sub-district and community levels, local administration organizations (municipalities and sub-district administration organization), Rayong Central Prison, village health volunteers, and concerned non-governmental organizations) for continuity, care, and support. By the end of March 2014, NCCM successfully transferred all 29 TB and MDR-TB patients to local partners.

Narrative II: Program performance/achievements and key challenges encountered during reporting period by thematic area

1. MDR-TB Prevention

Activity 1.1.1: Increase local political commitment from administrative organizations and health authorities to support the prevention of MDR-TB in communities

The meeting for project stakeholders in Ban Khai was organized on December 13, 2014 for 20 participants (seven males, 13 females). The participants comprised 11 volunteers, six sub-district health promotion hospital (SHPH) personnel and three representatives from Nong Bua Sub-district Administration Organization (SAO).

The meeting focused on discussing the roles of village health volunteers (VHVs) in screening for presumptive TB patients among at-risk populations, namely elderly persons, diabetics and close contacts of TB patients; referral of presumptive and active TB patients for further diagnosis and treatment and Directly Observed Therapy (DOT) provision and support to patients.

It was agreed that the VHVs play an important role in screening and referral of potential and TB patients to health facilities for further diagnosis. The VHVs will conduct the screening every three months for individuals who have been coughing for two weeks or longer and have fever.

The participants also discussed the roles of VHVs in DOT provision and support to patients and agreed that the VHVs will provide DOTs for TB patients at least two days per week in the first month, three days per week during the second and third months and five days per week during the

fourth to sixth months. Health care providers will provide intensive supervision to the volunteers during the first three months and at least once a week during the fourth to sixth months. This is to ensure quality of care and monitoring the VHV's activities.

Activity 1.1.2: Promote knowledge and awareness among the general public about TB and MDR-TB

A total of 1,203 individuals (392 males, 811 females) were reached with TB prevention and treatment messages through small group activity and World TB Day event ([CAP-TB indicator 2/USAID PMP indicator 9](#)).

Rayong PHO in partnership and collaboration with NCCM, the four hospitals and Foundation for AIDS Right (FAR) organized campaign activities to raise awareness among the public about TB/MDR-TB and HIV. The activities were organized in the four project target areas namely Muang (24 March), Klaeng (25 March), Mabtapud (27 March) and Ban Khai (31 March). A total of 587 people attended the event (191 males, 396 females; 180 in Muang, 235 in Klaeng, 53 in Mabtapud and 119 in Ban Khai). The CAP-TB Chief of Party attended the campaign event in Muang and gave welcome remarks at the event. The Director of Public Health and Environment Department, Rayong City Municipality chaired the opening ceremony of the event.

In all areas, free health check-up services, exhibition booths and games and quizzes were provided and organized for interested individuals. In Muang, a parade to raise awareness of the communities about TB/MDR-TB and HIV was also arranged.

A total of 616 individuals (201 males and 415 females) in the four areas received TB prevention and treatment messages through small group activities (primarily TB screening).

2. MDR-TB Management

IR 2.1: Ensured capacity, availability, and quality of laboratory testing to support the diagnosis and monitoring of TB patients, including the rapid diagnosis of MDR-TB

Activity 2.1.1: Provide technical assistance to build laboratory capacity in good clinical laboratory practice

The CAP-TB Project organized a training on good clinical laboratory practice (GCLP) on January 16-17, 2013 with collaboration between Rayong PHO. Nine laboratory personnel (seven females, two males) from seven provincial and district hospitals (Rayong, Klaeng, Ban Chang, Ban Khai, Pluak Daeng, Maptaphud and Nakhomphattana hospitals – [CAP-TB indicator 8/PMP indicator 15](#)) attended the training.

IR 2.2: Strengthened case-finding and referrals for MDR-TB

Activity 2.2.1: Strengthen referral system for MDR-TB

The CAP-TB Project financially supports the salaries for three TB coordinators, one stationed at Rayong PHO while the other two are based at Rayong Hospital. These coordinators are employees of Rayong PHO and Rayong Hospital and are focal points for the CAP-TB Project.

At the beginning of FY14, the Project together with Rayong PHO and Rayong Hospital reviewed job descriptions for the coordinators to ensure clarity and clear division of responsibilities.

1. One coordinator is the TB coordinator for Rayong PHO
2. One coordinator at Rayong Hospital is responsible for quality DOT provision and hotline service
3. One coordinator at Rayong Hospital is responsible for treatment and care and reporting.

The Rayong PHO coordinator plays a key role in supporting and coordinating between partners, namely Rayong Hospital, Klaeng Hospital, Maptapud Hospital, Ban Khai Hospital, NCCM, local administrative organizations and local municipalities in the project catchment areas. Her main roles also include sending out invitations to the working group and partners for monthly project meetings and case conferences; preparing and updating contact information of the working group and the partners to facilitate coordination; and summarizing and distributing meeting notes to the entire network.

One of the main responsibilities of the two coordinators for Rayong Hospital is compiling and presenting MDR-TB patients' information to the TB network at monthly case conferences. The CAP-TB team has worked intensively with the coordinators to train them on how to prepare clinical information that is presented at the case conferences. Continued support will be given in the rest of FY14 to develop the best procedure for systematically following the MDR-TB patient cohort on a routine basis.

The three coordinators closely work together to support patients' care and project reporting.

1. **Support to patients:** The Rayong PHO coordinator conducts home visits with one of the Rayong Hospital coordinators (in charge of DOT provision and hotline service) every week. They also work together on referring patients to Rayong Hospital for diagnosis and to local hospitals for treatment.
2. **Reporting:** The Rayong PHO coordinator closely works together with the Rayong Hospital coordinator in charge of treatment and care and reporting to ensure accuracy of data reported under the Project.

The Project will review the job descriptions of these three coordinators together with related staff at Rayong PHO and Rayong Hospital to ensure that the document truly reflects the roles and responsibilities of the TB coordinators and enables them to support the TB network effectively.

During the reporting period, a total of 382 people (263 males and 119 females) were referred for TB and MDR-TB related services ([CAP-TB indicator 3](#)). The majority (278 individuals or 73%) of these individuals were referred to other hospitals beyond the four hospitals participating in the project (Rayong Klaeng, Ban Khai and Maptapud). Most of these hospitals are lower-level health facilities that are located in Muang, Klaeng, Ban Khai and Maptapud, but are not required to report to the project on cases referred. A few were referred to health facilities in other districts in Rayong Province and even to other provinces. The individuals are referred for continued care in the community namely for DOT support and home visit. Twenty-seven percent of 104 individuals were referred to and among the four hospitals and are tracked and reported to the CAP-TB project by the four participating hospitals.

Seventy-six people who were referred for services have taken up services at the four hospitals. This number constitutes 73% of people referred among the four hospitals ([CAP-TB indicator 13](#)).

IR 2.3: Strengthened human resource capacity for MDR-TB management

Activity 2.3.1: Conduct case conference for multi-disciplinary team of Rayong Hospitals and physicians from lower-level health facilities in Rayong

The monthly case conferences are aimed to establish a regular systematic MDR-TB patient review and discussion for the TB network.

Case conference/cohort overview: During the reporting period, Rayong PHO coordinated five monthly case conferences and invited partners and networks to the meeting. The case conferences were organized back-to-back with the monthly project meeting. At each meeting, the coordinators from Rayong Hospital provided an update on MDR-TB patients in Rayong Province. The information presented include number of MDR-TB patients in Rayong, their lab findings, number of patients who have died and clinical and non-clinical conditions that require special attention or follow-up. Dr. Bralee Santiwut, the pulmonologist at Rayong Hospital, gave details on clinical conditions of patients who are allergic to the medicines or require special follow-up. The monthly case conference also provided opportunity for the TB network to discuss and together identify potential solutions/interventions to provide better care and support to patients. In addition to the working group, the TB network, including representatives from private hospitals, local administrative organizations and VHV, attended the conference to be educated on TB and MDR-TB.

Between October 2013 and March 2014, the case conferences were joined by a total of 53 people (44 females, 9 males – [CAP-TB indicator 15/PMP indicator 18](#)). Thirty-five people are in the working group while the other 18 are from the TB network, two of which are representatives from private hospitals, 11 are representatives from public hospitals and the other five are VHV. Of the 53 participants, 29 are medical personnel while the remaining 24 are public health personnel, staff from local administrative organizations and VHV.

Clinical information: From July 2013 to March 31, 2014, there were a total of 41 MDR-TB patients (11 females, 30 males) in Rayong province, 18 of which (5 females, 13 males) were co-infected with HIV. The majority of the patients fell in the age range of 20-39 years old. Of the 41 patients, 5 were deceased (2 females, 3 males) and 3 were HIV co-infected (1 female, 2 males).

1. The case conferences provided opportunities for the working group and the TB network to discuss two cases that require special attention or follow-up, which led to discussion with the patients to clarify about their treatment and social health benefits, and coordination between hospitals and related agencies situated near the residences of the patients namely Maptapud Municipality, Ban Chang Hospital, Maptapud Hospital, on patient monitoring. One of the two patients in focus later developed the following symptoms: coughing out blood, having fever, pneumonia and malnutrition condition. She passed away on December 15, 2013.
2. The case conferences were also a platform to support the transfer of TB and MDR-TB patients under the care of NCCM to the local network. The participants were informed of NCCM's progress on DOT provision to TB and MDR-TB patients. From the project's inception in July 2012 to March 31, 2014, NCCM provided DOT to 20 new TB patients in the four project catchment areas: six patients in Ban Khai District, seven patients in Ban Phe Sub-district, two patients in Klaeng District and five patients in Maptapud Sub-district. Out

of the 20 patients, two are still on treatment; others have completed the treatment. There were also three cases of close contacts (two completed treatment, one were suspended on the treatment).

3. There were a total of nine MDR-TB patients in the four project catchment areas and other areas in Rayong province: one in Ban Khai District under the care of Camillian Center, one in Ban Phe Sub-district, two in Klaeng District, four in Maptapud Sub-district and one in Muang District. Out of the nine patients, one has died, five are still on treatment and the rest have completed the treatment. One case in Ban Phe needed to be closely monitored. The patient was under severe stress due to the fact that he could no longer work as he was also diagnosed with cancer. The cancer treatment could not start until the MDR-TB treatment was completed in four months. The patient needs to see a psychiatrist every month but he missed his appointments and hid his medicines. The doctor recommended him to take anti-depression drugs. CAP-TB Project will continue to follow up on this patient.

TB Teaching Session: At the end of each conference, the CAP-TB Project conducted a short teaching session on TB and MDR-TB to participants. The topic of each month was chosen according to a basic curriculum that had been determined at the start of FY14. In the reporting period, three topics were covered, TB and MDR-TB 101, side effects and TB/HIV. After each conference, the CAP-TB team sent emails incorporating a set of questions related to the topics discussed via Qstream, as a way for those who attended the case conference teaching to reinforce their knowledge of the topics discussed each month. During the reporting period, 12 questions were sent to all 44 participants (including FHI 360 CAP-TB Project personnel) on the network contact list. Of this number, 21 have answered the questions.

The Rayong PHO coordinator took minutes of the meetings, gathered all materials and sent them to everyone in the working group and the network in the contact list, including the Bureau of Tuberculosis and the Office of Disease Prevention and Control 3 Chonburi.

Activity 2.3.2: Organize intensive DOT trainings for village health volunteer leaders

During the reporting period, NCCM in cooperation with Rayong PHO and related local administrative agencies organized the intensive DOT trainings for village health volunteer (VHV) leaders in the four project catchment areas. The training was aimed not only to review the importance of DOT, but also to emphasize the roles of VHV leaders in supporting TB and/or MDR-TB patients as well as the wider TB network (lower level health facilities and local administration organizations) to promote care, including treatment adherence and success. Representatives from Rayong PHO and NCCM attended all trainings. A total of 94 VHV leaders and representatives from lower-level health facilities and local administration organizations attended the training (17 in Ban Khai, 20 in Ban Phe, 37 in Klaeng and 20 in Mabtapud – [CAP-TB indicator 16](#)).

In addition to reviewing TB and MDR-TB knowledge and information for the participants, the importance of VHV leaders' roles in providing care and support to patients to promote treatment adherence and success was also emphasized. In particular, the trainer highlighted the VHV leaders' roles in informing health care providers about the side effects that patients are experiencing and the referral system. The participants also had opportunity to learn how to fill in DOT book correctly.

IR 2.4: Scaled-up quality treatment and community approached for PMDT

Activity 2.4.1: Strengthen community-based DOT services

NCCM provided care and support for a total of 29 TB (20 cases) and MDR-TB (nine cases) patients in the four project catchment areas namely Mabtapud Municipality and Ban Phe Municipality in Muang District, Klaeng Municipality in Klaeng District and Nong Bua SAO in Ban Khai District.

During the reporting period, NCCM coordinated and successfully transferred patients through close coordination with Rayong PHO and Rayong Hospital to local health facilities and concerned organizations for continuous care and support. For example, in Mabtapud, it was agreed among the network that Mabtapud Hospital would be responsible for arranging daily package of drugs for patients while Ta Kuan Health Center would provide injection and DOT (one time each day) for the patients. Multi-disciplinary team from Rayong Hospital, Rayong PHO and NCCM followed up and provided necessary support to health facilities in the area once a week.

NCCM has transferred all patients to local health facilities for continuous care and support. Responsible persons in each area who would continue to provide support to the patients were identified. In Ban Phe area, personnel from Ban Phe SHPH will provide DOT to patients. Rayong Hospital will support Ban Phe SHPH on distributing medicines to the hospital and on DOT provision and drug side effects once a week. NCCM will continue to make home visits to two patients who need special attention and care, on a voluntary basis as NCCM staff continue to stay in Rayong beyond their formal partnership with CAP-TB.

In Klaeng District, Klaeng Hospital will be responsible for arranging medicines for the patients. Ms. Nongnut Noisin who is one of the trained VHVs will provide DOT to one MDR-TB patient until he has completed his treatment. Another VHV will provide DOT for another MDR-TB patient. The medicines will be distributed to the Klaeng Municipality Health Center. Klaeng Hospital and NCCM provided support on DOT provision once a week.

During the reporting period, NCCM worked closely with responsible local administrative organizations, VHVs, SHPHs or health centers in patient monitoring and DOT provision.

In Mabtapud, it was agreed that Mabtapud hospital or the SHPH will be the key organizations in taking care of TB patients. The health center under the supervision of the Municipality will continuously support, care for, monitor and provide DOT to MDR-TB patients. Mabtapud Hospital will continue to support the health center and Mabtapud Municipality on DOT provision and drug side at least once a week.

The project will build on the work of NCCM and continue to work closely with the TB network which comprises Rayong Provincial Health Office, the four hospitals, local administration organizations and the community to promote coordination among the network and support them to provide quality care for the patients.

3. Strategic Information

IR 3.1: Strengthened capacity of TB programs to collect, use, and analyze data for management

Activity 3.1.1: Support the BTB on the decentralization of MDR-TB expertise

The CAP-TB Project assisted the BTB in setting up an online helpdesk which will allow the BTB to systematically track clinical questions received from doctors at the provincial level throughout the

country. During the reporting period, user accounts were successfully created for seven MDR-TB experts who will provide advice on MDR-TB patient management. The online helpdesk has been piloted with 17 provincial-level doctors, and discussion is currently in process for further scale-up of the network. The goal would be to reach each of Thailand's 76 provinces and regional centers (Office of Disease Prevention and Control) with the online system.

IR 3.2: Increased TB research activities

There is no activity under this IR.

4. Monitoring and Evaluation

Country Program Manager for CAP-TB Project, Thailand Program together with CAP-TB Chief of Party and a Program Officer from Program Management Unit, FHI 360 APRO conducted site visits to Rayong Province every month to attend monthly project meeting and case conference and to provide supportive supervision for the implementing agencies (IAs) on project implementation and monitoring.

The **monthly CAP-TB project meeting** were organized for the working groups which comprise representatives from Rayong PHO, the four hospitals (namely Rayong, Klaeng, Ban Khai and Mabtapud) and NCCM. During the reporting period, five project meetings were held. Approximately 16-24 working group members attended the meeting. The monthly project meeting also provides a channel for the Project and the working group to regularly discuss planning of activities and updates, exchange of ideas and experience, as well as feedback on project implementation. Important topics discussed include project monitoring and reporting, CAP-TB participation in the Union World Conference on Lung Health, project mid-term evaluation, World TB Day events, VHVs training, and experience of the Rayong TB team's visit at Wang Nam Yen Hospital. After the study tour of this hospital, the team discussed how they could apply the knowledge gained on ways to take care of TB patients in Rayong province.

5. Enabling environment for MDR-TB control and prevention

IR 5.1: Improved capacity of NTPs to develop, finance, and implement national TB control strategies in line with global strategies

Activity 5.1.1: Strengthen involvement of the private sector for MDR-TB prevention and management

Rayong PHO invited representatives from Mongkut Rayong Hospital to attend the monthly case conferences to be informed of patients' profiles and issues in each area. Two female representatives from Mongkut Rayong Hospital have attended all conferences.

6. Capacity building and technical assistance

The CAP-TB Project (Thailand Program) built program management and technical capacity in TB/MDR-TB management of the project implementing agencies through monthly project meetings and monthly case conferences.

During the monthly project meetings, project activity plan, reporting and experience and lessons learnt from study visits and conferences were discussed and shared among the project working group. At the monthly case conferences, CAP-TB Project conducted 20-minute teaching sessions for the meeting participants who are medical and non-medical professionals as well as representatives from the communities (local administration organization personnel and village health volunteer leaders). The teaching sessions cover different TB/MDR-TB related topics each month. The topics were proposed to the network for comments and feedback. Dr Anh Innes, Chief of Party, CAP-TB Project, led the teaching sessions, which was translated into Thai for the participants. After each conference, participants would receive questions in relation to the teaching topic through Qstream to their e-mail. These follow-up questions are intended to help them review and retain the knowledge they had received.

In addition, intensive capacity building has been done with the three CAP-TB coordinators who are based at Rayong Hospital and Rayong Provincial Health Office. The areas of focus range from technical in clinical TB skills, to data organization and presentation, case presentation, and TB referral network strengthening.

Table: Program level monitoring results (Please fill in separate excel sheet)

Annex I: Method used to estimate total number of individuals reached and adjustment factor to calculate for potential overlap among different partners and other USG (Narrative)

No estimations were made of data reported in the SAPR; all data reported are actual numbers.

Rayong Province receives funding from the Global Fund, however, CAP-TB activities and support are completely distinct from Global Fund support. CAP-TB's focus on technical capacity building, case conferences, and TB network strengthening do not overlap with the Global Fund activities in Rayong.

Annex II: Processes carried out to ensure data quality

Rayong PHO and NCCM Field Manager are responsible for the review and verification of data submitted from the four hospitals and NCCM field staff respectively. The CAP-TB Thailand Country Program Manager reviewed data submitted by Rayong PHO and NCCM. CAP-TB Project would ask for further verification and confirmation of the reported data from Rayong PHO and NCCM as necessary to ensure data accuracy.

Annex III: Summary of accomplishments against the work plan and targets (see separate Excel sheet)

The summary of FY14 semi-annual achievements are provided in the Data Collection Sheet and in the overview 3-country narrative Annex III.